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-USN-

Contents for this week's MEDNEWS:

- Pax clinic improves access
- Humanitarian visit to Western Samoa
- NMCP meets the needs of patients with Heart Failure
- Information age hits military treatment facilities
- Anthrax question and answer
- TRICARE question and answer
- Healthwatch: The Pap Test - How and why it can help women?

-USN-

Stories

Headline: Clinic improves access to medical appointments

By Jim Jenkins, NAS Patuxent River Public Affairs Department

PATUXENT RIVER, Md. - Patuxent River Naval Medical Clinic is now offering improved access for its patients.

Patients will no longer call to schedule an appointment for a routine well child visit and hear the scheduler say they can't be seen until the next month. For the last few weeks the clinic has been operating on an open access appointment system to ensure patients are seen the same day they call.

"Open access is a system to enhance the access from the patients perspective," said Capt. Ralph Puckett, commanding officer.

The Pax River Clinic is a leader in implementing such a system in the Department of Defense and will serve as a test bed for open access throughout the military health care system.

"Traditionally Navy medicine has employed something called

a carve out approach to appointments where you freeze a certain set of appointment slots per day and put them aside," said Lt. Cmdr. Micah Meyers, director for administration.

Slots are held because providers expect to get a bunch of walk-ins at the end of the day. In reality, whenever a set of appointments are carved out each day for this population, access is restricted to patients who have appointments or are seeking appointments.

In addition, Puckett said that many patients were put off by having to tell an appointment taker a myriad of personal information before being told when they could see their doctor. Many times patients didn't see the same doctor on a continuous basis. For the most part, Puckett said, the old system accommodated the acutely ill patients, but not many of the routine patients.

Open access marries each patient with one physician who then becomes that patient's primary physician. This is called PCM by name. When patients call for appointments, the scheduler asks who is their physician and if the patient would like an appointment the same day. Open access gives the patient the ability to seek and receive primary care with their provider of choice, at the time the patient chooses.

"You get to see the doctor when you want to, not when the system dictates when you can get in," Puckett said. "It's so different that some patients are taken aback," said Puckett.

Meyers added that the open access system dovetails perfectly with the Navy's current drive towards optimization. "It is right in line with what the Navy's trying to do," said Meyers. "In the two weeks we've been doing this we've close to doubled the number of daily open appointments each day here at this command."

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Headline: Prenatal care brought back to naval hospital after 14-year hiatus

By LT Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, Ill. - This summer, Joseph Michael Russell became the first baby in 14 years to be born with the prenatal oversight of the Great Lakes Naval Hospital Obstetrics staff.

Although he was born at Condell Medical Center, the vital part of monitoring the infant's fetal development occurred at Naval Hospital Great Lakes.

"I reported in March from Kings Bay Submarine Base and was apprehensive at the prospect of changing doctors," said new mother PN1 Dawn Russell. She added that her doctor was wonderful answering all her questions and involving her husband PN2 Michael Russell in the prenatal care.

"Getting back into the pre-natal care business made absolute sense. Aside from the fiscal benefits, it is convenient for new mothers of the Naval Training Center Great Lakes community to get this care after work or during their lunch break," said Capt. Elaine Holmes, MC, commanding officer.

Holmes explained how in the coming months the new baby will be assigned one of several pediatricians who will be the primary

care manager while his parents are serving at Great Lakes.

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Headline: Humanitarian visit to Western Samoa

By Evelyn B. Riley, U.S Army Center for Health Promotion and Preventive Medicine

WESTERN SAMOA - More than 640 natives of Samoa can now see thanks to a team of Navy optometrists.

The three-man team, led by Lt. Kenneth Whitwell, MC, conducted eye exams and provided prescription glasses to medically deprived people on the outlying villages of this developing country located halfway between Australia and Hawaii.

During three days, Whitwell, along with HM2 David Pfeiffer and HM3 Jeremy Geer, opticians assigned to the Navy Ophthalmic Support and Training Activity, Yorktown, Va., administered more than 200 exams a day.

"The people of Samoa were extremely gracious, wonderful and interesting patients. They were very cooperative and did not mind waiting to be seen," said Whitwell. "It was easy for us to muster up the energy and work so many hours as they were all so grateful for us being there."

The team said they would never forget the reaction of a 16-year-old boy whose nearsightedness was so great that anything beyond five-inches was a blur. He had never been to a doctor and returned to tell the team that he could see his parent's faces for the first time in his life.

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Headline: NMCP meets the needs of patients with heart failure

By Lt. Clifford C. Pyne, Naval Medical Center Portsmouth

PORTSMOUTH, Va. - Patients with congestive heart failure (CHF) oftentimes require frequent hospitalizations. But current research has proven that many of these hospitalizations can be avoided through intensive outpatient management.

The Heart Failure Clinic at NMC Portsmouth has been developed to meet the needs of patients with congestive heart failure. The clinic was developed to decrease the frequency of hospitalizations and emergency room visits and enhances the quality of life for patients with CHF.

Patients are enrolled in the clinic by request from their Primary Care Physician or a referral can be made.

After the initial visit, patients are followed at least once a week for six weeks. During their time at the clinic, patients will receive a variety of educational materials designed to help them become more knowledgeable of the disease process and medications. The patient's progress through this initial phase depends on their ability to tolerate the prescribed therapies.

The clinic has been a great success and well received by the patients and staff. Current enrollment stands at 65-70 patients. Of those patients, only four percent have returned to the hospital within the past year as a result of CHF.

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Headline: Information age hits military treatment facilities
By Lt.T Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes
GREAT LAKES, Ill. - Naval Hospital Great Lakes is working to bring several Electronic Health (E-HEALTH) initiatives on-line.

"Based on the success of these programs the future of Navy Medicine will involve empowering not only physicians and healthcare providers but patients in the quest for more robust and prompt medical care and access using the Internet," said Capt. Raymond Swisher, MSC, Naval Hospital executive officer.

Among the programs being tested and piloted at Great Lakes is the Clinical Practice Guidelines initiative. In the coming months doctors, nurses and corpsmen will have access to a guarded website and be able to download the latest information and treatment plans on everything from depression to sinus problems. These evidence based guidelines draw from a database of recent literature and clinical practices that will help patients and providers in choosing appropriate healthcare for specific clinical conditions.

"Many of us do not have the luxury to read every professional journal and synthesize the information to put into practice in the clinic. This website will enable us to do just that and keep current with clinical decisions that are based on the best available evidence and research," said Capt. Kenneth Hoyle, MC, director of psychosocial services.

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Headline: Anthrax question and answer

Question: Is it unusual for a vaccine to be manufactured by only one company in the United States?

Answer: No. More than 40 percent of FDA-licensed vaccines are produced by only one manufacturer. These include: cholera vaccine, Japanese encephalitis vaccine, Lyme disease vaccine, meningococcal vaccine, mumps vaccine, injectable poliovirus vaccine, oral poliovirus vaccine, rubella vaccine, live typhoid vaccine, varicella vaccine, and yellow fever vaccine.

Vaccines available from multiple manufacturers include: diphtheria toxoid, tetanus toxoid, pertussis vaccine, Haemophilus influenzae type b (Hib) vaccine, hepatitis A vaccine, hepatitis B vaccine, influenza vaccine, pneumococcal vaccine, injectable typhoid vaccine, and rabies vaccine.

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Headline: TRICARE question and answer

Question: If I am participating in TRICARE Standard, do I have to pay for medical care at a MTF?

Answer: There aren't any out-of-pocket costs for outpatient care received at an MTF. However, it is important to remember that TRICARE Prime enrollees will receive priority for care at that MTF before non-enrolled beneficiaries. You will be seen on a space-available-basis only.

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Headline: Healthwatch: The Pap Test - How and why it can help

women

By Lt. Cmdr. Lauren Rodier, US Naval Hospital Yokosuka

YOKOSUKA, Japan - Since the Pap test was initiated as a routine procedure fewer women have died from cervical cancer. It is a silent disease that usually shows no symptoms and progresses slowly in its early stages. That is why a yearly Pap test can detect cell changes before they turn cancerous. The Pap smear is a painless procedure in which cells are scraped from the cervix and/or vagina and sent to a specialist to look for abnormal changes in the cells.

Who is at increased risk of getting cervical cancer?

People who smoke, have a history of sexually transmitted disease or have had sex at a young age are at the greatest risk for cervical cancer.

What do the results mean?

You should receive communication from the hospital or clinic either as a letter or a telephone call about your health results. It is very important that we have your current address and telephone number in order to reach you. It is also important that if you don't hear from the clinic in the prescribed time, you should call to obtain your results.

If the results are normal then follow up as instructed by your provider.

If the results are abnormal then return for additional tests. An abnormal result does not mean you have cancer. It may be necessary to repeat the Pap test in three to four months or to have an exam that looks more closely at the cervix.

Remember that the Pap test is to discover abnormal cells preferably before they change into cancer cells.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, at email: mednews@us.med.navy.mil; telephone 202-762-3218, (DSN) 762, or fax 202-762-3224.

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